

STATE OF MICHIGAN DEPARTMENT OF EDUCATION LANSING



TO:

Local and Intermediate School District Superintendents, Public School

Academy Directors, and Nonpublic School Administrators

FROM:

Carol Wolenberg, Deputy Superintendent

Date:

February 11, 2009

SUBJECT:

Voluntary Recall - Café Favorites Products

<u>Purpose</u>

The purpose of this memorandum is to provide an update regarding Café Favorites voluntary recall of its products, commercial and commodity, produced from July 1, 2008 to January 2, 2009.

<u>Update</u>

On January 18, 2009, the United States Department of Agriculture (USDA) requested that all School Food Authorities (SFAs) receiving commercial products and products made using USDA commodity foods from Café Favorites be held and not served until further instruction was received from Café Favorites and the USDA.

Effective February 6, 2009, Café Favorites issued a voluntary recall of nineteen (19) products, commercial and commodity. Refer to the attached letter from Café Favorites dated February 5, 2009, which contains the products involved with this voluntary recall.

The products that are being recalled have a Julian day code starting from 08183XXX to 09002XXX. The first two digits of this day code refers to the calendar year 2008 and 2009. The next three digits refers to the month and date, July 1 (183) through January 2 (002). Thus, Julian day codes from 08183 to 08366 and 09001 to 09002 are included in this recall. This day code is located on each case above the ingredient statement.

This recall has been voluntarily initiated by Café Favorites as a precautionary measure of possible Listeria Monocytogenes contamination.

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Action Needed

Gordon Food Service (GFS) and Van Eerden Food Service have been contacted by Café Favorites. Of the nineteen (19) products recalled by Café Favorites, the following products were identified and distributed to schools by each distributor and have been placed on this voluntary recall. Each product is identified by the item number, which is printed on the outside of the box/case.

Distributor	Item Number	Item Description
Van Eerden	#22296 #02384 #02372 #02272	Whole Grain Grilled Cheese Whole Grain 5" Super Sub Whole Grain Cold Cut Combo Whole Grain Oven Roasted Turkey Breast and Cheese Melt
GFS	#12196 #22296	Whole Grain Toasty Dog Whole Grain Grilled Cheese

Schools are instructed to immediately examine their inventories and quarantine these products from their respective distributors according to the Julian day codes referenced on the first page of this memorandum. Schools are to complete the enclosed Destroyed Product Checklist from Café Favorites dated February 5, 2009, to document the number of cases quarantined by product code, day code, method of disposition of recalled product, and witness signatures for product that was destroyed. Schools must complete this product checklist form and return it to Café Favorites in order to be credited for the cases of product destroyed or picked up. The form can be faxed to Café Favorites at 218-685-6506 or mailed to:

Café Favorites 511 Industrial Part Blvd Elbow Lake, MN 56531

Maintain a copy of this form for your records.

If you have fewer than fifty (50) cases of product, please destroy the product. Product destruction must be witnessed by two (2) people other than those destroying the product. Based on clarification received from a representative of Café Favorites, please place the product in a garbage bag, pour bleach over the product in the bag, and place the garbage bag in a dumpster.

If you have more than fifty (50) cases of product, please contact Café Favorites at 218-685-6500 for pick-up.

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Any questions related to this memorandum should be directed to Cheryl Schubel, Supervisor, at 517-373-8642, e-mail schubelc@michigan.gov or Lucia Campbell, Analyst, at 517-373-1073, e-mail Campbelll4@michigan.gov.

Attachments

cc: Food Service Directors



Tel: (218) 685-6500 Fax: (218) 685-6506

URGENT FOOD RECALL

February 5, 2009

Café Favorites 511 Industrial Park Blvd Elbow Lake, MN 56531 218-685-6500

Dear Customer,

This is to inform you of a product recall involving the following products:

- -Whole Grain Turkey Ham & Cheese Melt-02172
- -Whole Grain Oven Roasted Turkey Breast & Cheese Melt-02272
- -Whole Grain Cold Cut Combo-02372
- -Whole Grain Bologna Melt-02472
- -Whole Grain 5" Super Sub-02384
- -Whole Grain 5" Oven Roasted Turkey Breast Sub-02284
- -Whole Grain 5" Turkey Ham Sub-02184
- -Whole Grain Mini Breakfast Sandwich-51160
- -Whole Grain Mighty Breakfast Sandwich-52160
- -Whole Grain Grilled Cheese Individually Wrapped-92296
- -Whole Grain Grilled Cheese-22296
- -1.5 oz Whole Grain Grilled Cheese Individually Wrapped-62096
- -1.5 oz Whole Grain Grilled Cheese-42096
- -Whole Grain Toasty Dog Individually Wrapped-01096
- -Whole Grain Toasty Dog-12196
- -Whole Grain Spicy Grilled Cheese-01696
- -Whole Grain Spicy Grilled Cheese Individually Wrapped-02696
- -Whole Grain Toastover-12796
- -Whole Grain Toastover Individually Wrapped-72096

The products that are being recalled have a julian daycode from 08183XXX-09002. The daycode is located on each case above the ingredient statement.

This recall has been voluntarily initiated due to a precautionary measure of possible Listeria Monocytogenes contamination. Listeria Monocytogenes is an organism which can cause serious and sometimes fatal infection in young children, frail or elderly people, and others with weakened immune systems. Although healthy individuals may suffer only short-term symptoms such as high fever, severe headache, stiffness, nausea, abdominal pain and diarrhea. Listeria infection can cause miscarriages and stillbirths among pregnant women. No illnesses have been reported.



Tel: (218) 685-6500 Fax: (218) 685-6506

Immediately examine your inventory and quarantine product subject to recall. In addition, if you may have further distributed this product, please identify your customers and notify them at once of this product recall.

If you have fewer than 50 cases of product, please destroy product. Product destruction must be witnessed by 2 people, other then the ones destroying the product. Place product in the dumpster and pour bleach over it.

If you have over 50 cases, please call to set up a time for us to pick it up. 218-685-6500.

You will be credited the cases that are destroyed/picked up.

Please complete and return the enclosed response form as soon as possible.

This recall is being made with the knowledge of the Food and Drug Administration.

Enclosure: Destroyed Product Check List



Tel: (218) 685-6500 Fax: (218) 685-6506

Destroyed Product Checklist

February 5, 2009

Café Favorites 511 Industrial Park Blvd Elbow Lake, MN 56531 218-685-6500

Please check ALL appropriate boxes



Tel: (218) 685-6500 Fax: (218) 685-6506

If Product Was Destroyed, Witness Signatures Below:					
Witness Name,	Witness Signature,	Date			
Witness Name,	Witness Signature,	Date			

PLEASE FAX COMPLETED RESPONSE FORM TO 218-685-6506 OR MAIL TO: Café Favorites, 511 Industrial Park Blvd, Elbow Lake, MN 56531



Tel: (218) 685-6500 Fax: (218) 685-6506

Destroyed Product Checklist

February 5, 2009

Café Favorites 511 Industrial Park Blvd Elbow Lake, MN 56531 218-685-6500

Please check ALL appropriate boxes

X I have read and understand the recall instruction provided in the February 5, 2009 letter.

X I have checked my stock and have quarantined inventory of:

Number of Cases

52

Product Code

22296

Daycode

08350126

Indicate disposition of recalled product:

X Returned (specify quantity, date, and method for return) 52 cases; February 10, 2009; Pick up by Café Favorites

☐ Destroyed (specify quantity, date, and method)

☐ I have identified and notified my customers that were shipped or may have been shipped this product by _____ Not Applicable ____ (specify date and method of notification).

Name: Sue Jones

Title: Food Service Director

Telephone Number: 517-222-1234

School District Name: West Chester Area Schools

Address: 216 West Flower Drive City/State/Zip: Anton, MI 49002



Tel: (218) 685-6500 Fax: (218) 685-6506

If	Product	Was	Destroy	zed.	Witness	Signatures	Below:
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Witness Name,	Witness Signature,	Date	Date	
Witness Name,	Witness Signature,	Date		

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